

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/224620

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	35	50 minus 20 = * 15
INDEPENDENT CLAIMS	7	7 minus 3 = * 3
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 79	Minus ** 50	= 29
Independent	* 12	Minus *** 7	= 5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
	380.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	760.00
X\$18=	270
X78=	234
+260=	
TOTAL	1264

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	522
X78=	390
+260=	
TOTAL ADDIT. FEE	912

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>1-25-99</u>		2 Serial/Patent # <u>09/224,820</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
		6 AMOUNT	
		<input checked="" type="checkbox"/> Filing	\$ <u>348</u>
		<input type="checkbox"/> Amendment	\$
		<input type="checkbox"/> Extension of Time	\$
		<input type="checkbox"/> Notice of Appeal/Appeal	\$
		<input type="checkbox"/> Petition	\$
		<input type="checkbox"/> Issue	\$
		<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$
		<input type="checkbox"/> Maintenance	\$
<input type="checkbox"/> Assignment	\$		
<input type="checkbox"/> Other	\$		
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>348</u>	
		8 TO BE REFUNDED BY:	
		<input type="checkbox"/> Treasury Check	
		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
		9 <u>02--2666</u>	
10 REASON:			
<input checked="" type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
<input type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Roganne Rauls</u>		TITLE: <u>L.I.E.</u>	
SIGNATURE: <u>Roganne Rauls</u>		PHONE: <u>308-9481</u>	
OFFICE: <u>OTR</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>N. Villanar</u>		DATE: <u>01-29-99</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>6/18/99</u>		2 Serial/Patent # <u>09/224620</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other <u>Extra Claim fees</u>			\$ <u>858</u>
		7 TOTAL AMOUNT OF REFUND	
		\$	
		8 TO BE REFUNDED BY:	
		Treasury Check	
		Credit Deposit A/C #:	
		9 <u>82--2666</u>	
10 REASON:			
<small>Ref. No. 001172900</small> <small>Pat. No. 09224620</small> <u>Overpayment CR</u>			
Duplicate Payment			
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Roxana Law</u>		TITLE: <u>LIE</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9481</u>	
OFFICE: <u>TU 4 OIPE</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>[Signature]</u>		DATE: <u>6/27</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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